THE REPUBLIC OF UGANDA

EPRC ECONOMIC POLICY RESEARCH CENTRE

unicef

LEADERSHIP AND ACCESS TO SAFE WATER: KEY DETERMINANTS OF IMPROVED HANDWASHING

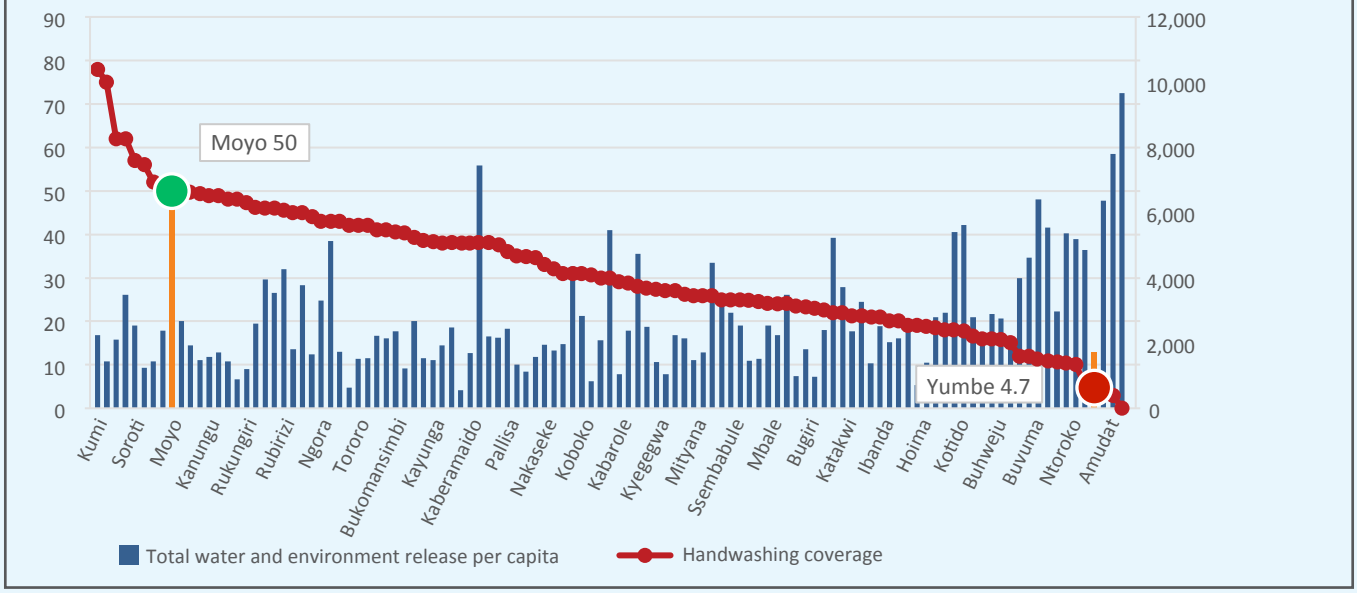
JULY 2016

POLICY BRIEF NO. 5/16

INTRODUCTION

Responsible for the death of over 750,000 children every year, diarrhoeal diseases stand as the second leading cause of death amongst children under 5 (WHO, 2013). A number of epidemiological studies suggest that the universal practice of handwashing with soap could reduce the risk of severe diarrhoea by 48% and the risk of any diarrhoea by 47% (Greenland et.al, 2012). In Uganda, Government promotes handwashing with soap through the National Handwashing Initiative (NHWI), and by providing funding to local governments under the District Sanitation Conditional Grant (DSCG). At 33.2%, however, the percentage of people with access to handwashing facilities remains significantly below the national target of 50% (SPR, 2015). Most alarmingly, the national average reported above hides marked inequities in the availability of handwashing facilities at local level (Figure 1). Such inequities are further perpetrated by the fact that in spite of the existence of a Memorandum of Understanding between the Ministries of Health, Water, and Education, districts and sub-counties lack clear guidance on their respective roles in the promotion of universal handwashing.

Figure 1: Handwashing coverage vs. Total Water and Environment release per capita (FY 2014/15)



Between 2014 and 2015, the West Nile region registered an improvement of 3.6% in the proportion of people with access to handwashing facilities. Such efforts propelled the region from seventh to third place with regards to this indicator nationally. Marked inequities among districts in West Nile, however, persist. To illustrate, while Moyo meets the national target of 50% and accounts for one of the largest total water and environment per capita release nationally, Yumbe receives significantly less financial resources and handwashing coverage is reported below 5%. The remainder of this brief focuses on a case study of the West Nile region in order to provide a deeper understanding of district-level bottlenecks to improve handwashing practices.

CASE STUDY: WEST NILE SUB-REGION (FY 2014/15)

With handwashing coverage reported at 34.2%, Figure 2 shows the West Nile sub-region visibly outperforming other sub-regions receiving higher total water and environment releases per capita, e.g. Karamoja, Elgon, Acholi, Lango. Figure 2 also points to sharp inequalities in both financial releases and handwashing coverage. To illustrate, in FY 2014/15 Moyo received a total water and environment release per capita five times higher than Yumbe. Further, whereas Moyo meets the 50% national target of people with access to handwashing facilities, Yumbe's performance remains below 5% (Figure 3).

Figure 2: Handwashing coverage vs. Total Water and Environment release per capita

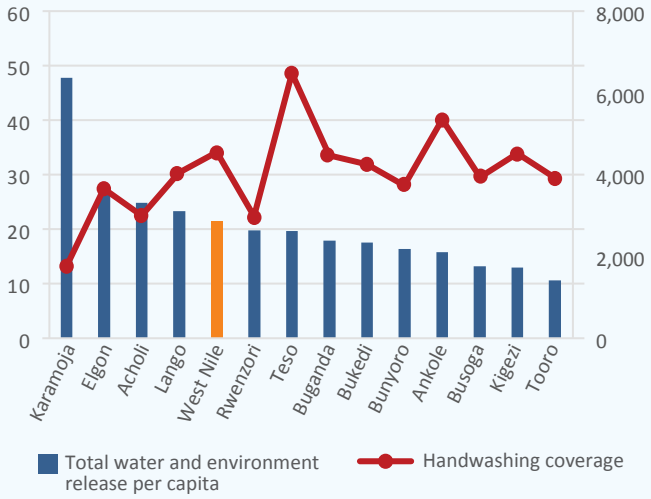
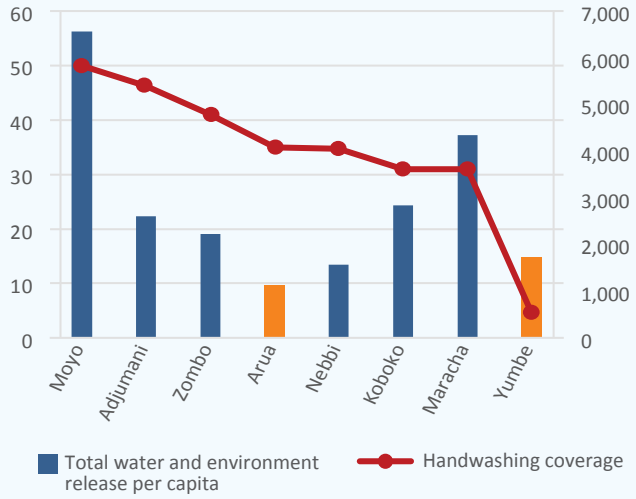
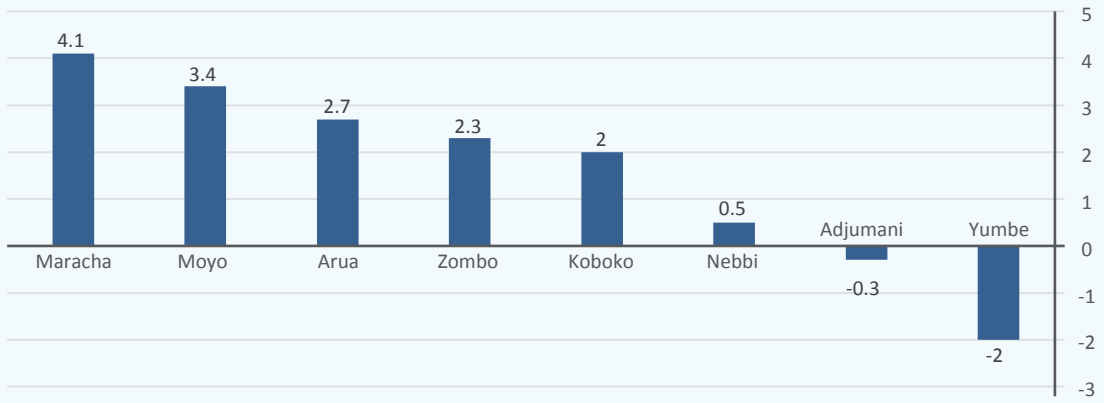


Figure 3: Handwashing coverage vs. Total Water and Environment release per capita



Whilst high and sustained per capita release may explain Moyo's good performance, figures 2-3 show that additional resources do not always result in better performance. In FY 2014/15, for instance, in spite of receiving the lowest total water and environment release per capita in the sub-region (and one of the lowest in the country) Arua reported an impressive 35% handwashing coverage (Figure 3). To further corroborate this argument, the 2015 Water and Environment sector performance report reveals that between 2010-2015 Yumbe and Arua experienced a decrease of 2 and an increase of 2.7 percentage points in household sanitation, respectively (Figure 4).

Figure 4: Average increase in sanitation coverage (2010-2015)



EVIDENCE FROM THE FIELD

Field work in Arua and Yumbe consisted of 25 Focus Group Discussions (FGDs) with the community and 12 Key Informant Interviews (KIIs) with District Health Officers (DHOs), District Water Offices (DWOs), sub-county officers, school teachers, VHT members, church leaders, mosque Imams and clinical officers in 9 out 13 Sub-counties in Yumbe and 14 out of 28 Sub-counties in Arua.

"My grandfather has not been washing his hands and he is alive, why should I?"

Key informant, Kerwa Sub-county, Yumbe district

Community attitudes towards hygiene in general and handwashing in particular in Yumbe present a major challenge. Although all FGD respondents and key informants in Yumbe confirmed receiving hygiene promotion messages through VHTs and/or other organizations, they openly attributed this socio-cultural phenomenon to a deeply misguided perception that handwashing is largely inconsequential.

With 48% average access to safe water, and poor functioning handwashing facilities, FGD respondents in Yumbe routinely placed handwashing facilities as the least priority of use for water fetched in the home. More specifically, an overwhelming proportion of FGD participants referred to placing water in handwashing facilities as a "waste of precious water".

Key informants in Yumbe reported a general **bias in the promotion of improved sanitation practices by investing in latrine coverage rather than a more direct focus on handwashing practices.** Bylaws have even been enforced at community level stipulating the application of penalties in instances where households lack a latrine. Household latrine coverage in Yumbe improved substantially from 18% to 54% within one year. Nevertheless, on the basis that handwashing remains an afterthought and continues to be considered as "the next step" in improving sanitation after ensuring that households have latrines, handwashing practices in Yumbe remain one of the worst in the country.

Further investigation during FGDs at places of worship in Yumbe revealed that **FBO leaders do not feel well-equipped and/or empowered to promote sustainable behaviour change in their communities** when it comes to handwashing. To this end, FBO leaders admitted not to have received any relevant training and are not in a position to encourage good hygiene practices by capitalising on the central role that religion plays in Yumbe district.

Field work in Arua district confirmed greater availability of handwashing facilities at household level. Notably, however, although most FGD participants in Arua reported having handwashing facilities, they also admitted to these being mostly non-functional with neither water nor soap, and with usage peaking during hygiene promotion exercises and quickly dwindling thereafter. What did transpire from the FGDs and KIIs in Arua was a clear recognition that **households with better access to safe water had a greater likelihood of having handwashing facilities with water in them**. Figures 5-6 juxtapose access to safe water in Yumbe (48%) and Arua (78%). On the basis of a clear link between access to safe water and better handwashing practices and hygiene, the evidence firmly recommends greater investments to improve access to safe water especially in rural settings.

Figure 5: **Yumbe access to safe water**
(Water Supply Atlas, 2016)

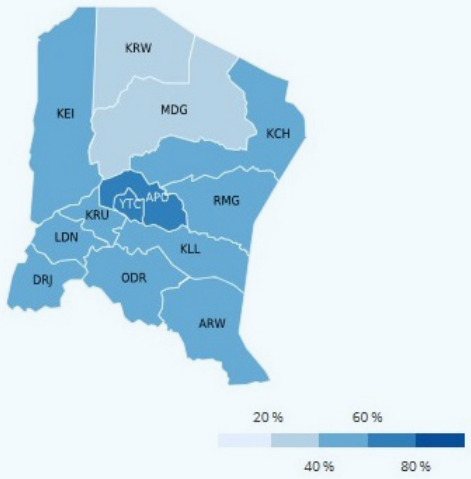
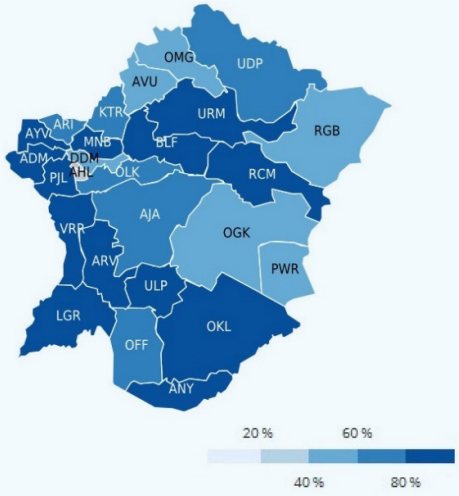


Figure 6: **Arua access to safe water**
(Water Supply Atlas, 2016)



An additional area of intervention stems from the recognition of **a clear disconnect between district efforts to improve handwashing practices and sub-counties**. To elaborate further, although sub-counties are expected to supervise communities based activities, FGD respondents and key informants at sub-county level voiced serious concern for being bypassed by VHTs who report directly to the District Health Assistant under the DHO.

Finally, to place the discussion above into context, much of the fieldwork in both Yumbe and Arua highlighted the adverse effects of unexpected shocks to household welfare and hygiene practices. To illustrate with an example, prolonged dry spells in Kerwa, Kei and Midigo sub-counties in Yumbe district led to poor harvests, which greatly affected household incomes. As a result, **lack of financial resources** appears to systematically prevent households from purchasing handwashing materials such as soap. Many of the respondents in Yumbe said they didn't use soap for handwashing because it was too expensive. Some respondents reported using ash or mud to rub their hands as an alternative to soap. Clearly, "much as using ash and mud can be used as an alternative to soap, it has to be considered that those materials can also be a source of contamination" (Bloomfield and Nath, 2002). In lieu of the discussion above, targeted social protection interventions could play a significant role in alleviating the burden of unexpected shocks such as weather variation on vulnerable households.

POLICY RECOMMENDATIONS

i. **Invest in basic infrastructure to promote better handwashing and hygiene promotion**

Ministry of Water and Environment (MoWE) to prioritize equity sensitive investments to improve access to safe water especially in rural settings.

ii. **Promote handwashing and improved hygiene at community level**

DWOs and DHOs to evaluate and reformulate sensitization campaigns/messaging with a view to focus on the impact of handwashing with soap on sanitation outcomes.

iii. **Increase the profile of handwashing vs. latrine coverage in sanitation promotion efforts**

DWOs to increase emphasis of handwashing vs. latrine coverage in Community Led Total Sanitation programmes. Such efforts could include bylaws and/or promotional messaging.

iv. **Empower FBOs in the promotion of behaviour change in communities**

DWOs to empower religious leaders by providing targeted training, and capitalizing on the role of Churches, Mosques and other places of worship as key fora of engagement to encourage better household sanitation practices and the implementation of government handwashing programmes.

v. **Improve stakeholder collaboration**

DWOs and DHOs to design an integrated handwashing strategy/plan clearly identifying roles and responsibilities of key stakeholders (e.g. DHOs, DWOs, DHAs, VHTs, NGOs, FBOs, etc.) with a view to ensure optimal adherence, monitoring and evaluation.

vi. **Invest in social protection**

Ministry of Gender, Labour and Social Development to explore targeted social protection interventions aimed at alleviating the burden of unexpected shocks such as weather variation on vulnerable households and their children.

FOR ADDITIONAL INFORMATION:
Margaret Kakande, Head / BMAU, Ministry of Finance, Planning and Economic Development
Margaret.Kakande@finance.go.ug

Diego Angemi, Chief / Social Policy and Advocacy, UNICEF, Uganda
dangemi@unicef.org